DISTRIBUTION CODE/ADDRESS OPTION SELECTION
FOR JANUARY 1, 1999 WRS STATEMENT OF BENEFITS

Complete this form to select a sort option for your January 1, 1999 Statements of Benefits. CHECK ONLY ONE OPTION and be sure to indicate if you will report on tape, diskette or paper.

Employer Name: _____Employer Number: 69-036-_____

Name of Person Completing this Form: _____

Telephone Number (in case of questions): _____

☐ **OPTION A**	**Distribution Code Order**
	Statements will be sorted in distribution code order and then alphabetically within distribution code.
	Will Report On: ☐ Tape ☐ Diskette ☐ Paper
☐ **OPTION B**	**Employe Home Address**
	Statements will be sorted by employe home address in zip code order.
	Will Report On: ☐ Tape ☐ Diskette ☐ Paper
☐ **OPTION C**	**Distribution Code Order with Home Address Printed**
	Statements will be sorted in distribution code order and then, alphabetically within distribution code with employes' addresses printed on the Statements.
	Will Report On: ☐ Tape ☐ Diskette ☐ Paper
☐ **OPTION D**	**Alphabetical Order**
	Statements will be sorted by employe last name in alphabetical order.
	Will Report On: ☐ Tape ☐ Diskette ☐ Paper

Return this selection form by February 10, 1999 to:

> Dale E. Ferron
> Department of Employe Trust Funds
> PO Box 7931
> Madison WI 53707-7931

DISTRIBUTION CODE/ADDRESS SPECIFICATIONS FOR
STATEMENT OF BENEFITS
WISCONSIN RETIREMENT SYSTEM

NOTE: EMPLOYERS WILL BE NOTIFIED WHEN THIS INFORMATION IS TO BE SUBMITTED. The Statement of Benefits will be delivered to you in alphabetical order by either distribution code or zip code dependent upon your selection. If there is no distribution code or address on the file for any of your active employes these statements will be in the front and in alphabetical order.

Specifications for Diskette Reporting

DISK FORMATS: We can process floppy disks in the following formats:

IBM PC-DOS or MS- DOS compatible:
5.25 inches, single-sided, double-density, 160KB/180KB
5.25 inches, double-sided, double-density, 320KB/360KB
5.25 inches, high-capacity, double-density, 1.2MB
3.5 inches, double-sided, 720KB
3.5 inches, double-sided, 1.44MB

RECORDING MODE: ASCII standard code

RECORD LENGTH: 158 bytes per record, fixed length

FILE NAME: Use **CDAD** and the four digits of your EMPLOYER IDENTIFICATION NUMBER (EIN). If your EIN is 4623000 then your file name would be **CDAD**4623.

A diskette file may consist of multiple diskettes as long as the following filename conventions are adhered to:

If a file consists of more than one diskette, the filename **CDAD**4623 will contain a 3 digit numeric extension. This extension will indicate the sequence of the diskettes within the file. For example, the first diskette will be named **CDAD**4623.001, the second diskette will be **CDAD**4623.002, etc.

FILE CONTENT: File content must follow the data format specifications attached. Deviations from the prescribed formats will not be acceptable. Files with unrecognized data or critical errors will not be processed. Diskettes will be returned for correction.

DISK LABEL: A label must be properly secured to the diskette and show the internal file name and your EIN.

Sample: File Name: **CDAD**4623
EIN: 4623000

SUBMITTING: Send diskette to: Wisconsin Department of Employe Trust Funds
Technical & Network Services Bureau
P. O. Box 7931
Madison, WI 53707-7931

RETURNS: Once the diskette files have been processed they are filed for a period and then destroyed. Diskettes will be returned only if requested.

ET-9060 (Rev. 10/95)

<u>Specifications for Tape Reporting</u>

TAPE QUALIFIERS: 9 track
1600 or 6250 BPI density

Odd Parity
EBCDIC Code
Record Length of 158, fixed length
Blocked by 207
IBM Standard Label - Internal and External the same

ET-9060 (10/95)

FILE NAME: The data set name (DSN) is: ADMT.WRS.**CDAD**XXXX. The XXXX is the four digits of your EMPLOYER IDENTIFICATION NUMBER (EIN). If your EIN is 4623000 then your file name would be ADMT.WRS.**CDAD**4623.

FILE CONTENT: File content must follow the data format specifications attached. Deviations from the prescribed formats will not be acceptable. Files with unrecognized data or critical errors will not be processed. Tapes will be returned for correction.

TAPE LABEL: A label must be properly secured to the tape and identify the following:

EIN
Volume Serial Number (VSN)
Data Set Name (DSN)

Sample: EIN: 4623000
VSN: 123456
DSN: ADMT.WRS.**CDAD**4623

SUBMITTING: Send the tape to: Wisconsin Department of Employe Trust Funds
Technical & Network Services Bureau
P. O. Box 7931
Madison, WI 53707-7931

RETURNS: Once the tape files have been processed they are filed for a period and then returned to the employer.

Diskette and Tape Data Format and Description

FIELD NAME	FIELD POSITION	LENGTH	TYPE*
Employer Number	1 - 7	7	Numeric
Employe Social Security Number	8 - 16	9	Numeric
Employe Name	17 - 46	30	Unspecified
Distribution Code	47 - 59	13	Unspecified
Address (line 1)	60 - 89	30	Unspecified
Address (line 2)	90 - 119	30	Unspecified
City	120 - 147	28	Unspecified
State	148 - 149	2	Unspecified
Zip	150 - 154	5	Numeric or blank
Zip Extension	155 - 158	4	Numeric or blank

* **Numeric** = Field must be numeric.
   Unspecified = Any combination of character allowed -- alpha/numeric/blank.
   Numeric or Blank = Field must be numeric or blank.

Specifications for Paper Reporting

Employers submitting distribution codes/addresses on paper reports must follow the same data format as diskette and tape reporters.